

State of New Jersey — Department of the Treasury
Division of Pensions and Benefits • PO Box 295 • Trenton, NJ 08625-0295 • (609) 292-7524

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

MEMBER INSTRUCTIONS: *Please complete this section and present or mail this form directly to the hospital for the release of your hospital records. Should you need additional forms, please make copies or contact the Division of Pensions and Benefits.*

- ☐ If you were **not** hospitalized for your disability, check this box and return this form to the Division of Pensions and Benefits along with your Application for Disability Retirement. In that case, medical examination reports from two physicians must be submitted before a determination can be made.

TO: _____
Name of Hospital

I have made application to the Division of Pensions and Benefits, State of New Jersey for a retirement benefit because of disability. In that connection, I do hereby authorize and request the release of copies of my medical records covering my hospital stay from _____ to _____ and ask that these records be forwarded to the Division of Pensions and Benefits.

IF THERE IS ANY CHARGE FOR THIS SERVICE, I WILL REIMBURSE THE HOSPITAL.

DO NOT SEND BILLS FOR SERVICE TO THE DIVISION OF PENSIONS AND BENEFITS

Name of Patient

Social Security Number

Street Address, City, State, Zip Code

Signature of Patient

Date

**If there is any charge for this service,
PLEASE BILL THE PATIENT AT THE ADDRESS ABOVE.**

HOSPITAL INSTRUCTIONS: *Please mail hospital records to —* Division of Pensions and Benefits
Bureau of Retirements
PO Box 295
Trenton NJ 08625-0295

Please limit records to the following:

1. Face Sheet
2. History and Physical Examination on Admission
3. Discharge Summary
4. Operative Report (if applicable)
5. Reports of diagnostic tests, X-ray, CT scan, MRI, ECG, EKG, etc.

PLEASE LIMIT RECORDS TO REPORTS ONLY - NO FILMS